RI SOS Filing Number: 202454420100 Date: 5/1/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

MAY 01 2024
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Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty. Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
937920	Early Bird Distributing Corp

3. Principal Office Address	City	State	Zip
1735 Main St Apt C23	West Warwick	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
492210	Wholesale food sales and delivery
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Irving Leclair	Irving Leclair
Street Address: 1735 Main St Apt C23	Street Address: 1735 Main St Apt C23
City: West Warwick, State: RI, Zip: 02893	City: West Warwick, State: RI, Zip: 02893
Secretary Name	**Treasurer Name**
Irving Leclair	Irving Leclair
Street Address: 1735 Main St Apt C23	Street Address: 1735 Main St Apt C23
City: West Warwick, State: RI, Zip: 02893	City: West Warwick, State: RI, Zip: 02893

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Irving Leclair	
Street Address: 1735 Main St Apt C23	Street Address:
City: West Warwick, State: RI, Zip: 02893	City: , State: , Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative: Irving Leclair
Date: 4.17.24

Signature of Authorized Representative: Irving LeClair

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023